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I. (a) Name of Candidate (in full) Dr. Ann-Marie Adams						끚
(b) Address (number and street) P.O. BOX #60	Check if address changed	<b>◄</b> »)	2. Identification Numbe S8CT00105	if		5
(c) City, State, and ZIP Code Avon, Conn. 06001		<b>◄</b> >))	Statement (	lew N) OR	Y Ar	men N)
4. Party Affiliation Democrat	5. Office Sought U.S. Senate	6. State & Distr Connecti	rict of Candidate cut, 5th Congressio	onal Distri	ct	
7. I hereby designate the following n	ESIGNATION OF PRINCIPAL amed political committee as my Principal efiled with the appropriate office listed in t	Campaign Comm			on(s).	
(a) Name of Committee (in full)			,			
Dr. Ann-Marie A	dams for U.S. Senate o	o Dr. A	nn-Marie Ada	ms	17	
(b) Address (number and street)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APR	
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(c) City, State, and ZIP Code  Avon, Conn 060		TUODIZED	COMMITTEES		3 12 3	
(c) City, State, and ZIP Code  Avon, Conn 060	DESIGNATION OF OTHER AU (Including Joint Fundrals) named committee, which is NOT my princip	ng Representativ	/es)	expend funds	ડુ. 2	If of
(c) City, State, and ZIP Code  AVON, CONN 060  E  8. I hereby authorize the following reandidacy.	DESIGNATION OF OTHER AU	ng Representativ pal campaign col	/es)	expend funds	ડુ. 2	If of
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DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

## United States Senate

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